

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: <http://www.drl.state.wi.us>

PSYCHOLOGY EXAMINING BOARD

NATURE OF INTENDED PRACTICE OF PSYCHOLOGY

TO BE COMPLETED BY APPLICANT

Name of _____
Applicant _____ Date _____

INSTRUCTIONS:

- A. In which of the following services can you demonstrate competency to perform independently upon licensure as a psychologist in Wisconsin? Please include only those competencies that are supported by your pre- and post-doctoral supervised experience subsequent to practicum, clerkship, externship, or other employment. It must be documented during the pre-and post-doctoral training and supervision you have submitted for licensure. *Place a check directly in front of the service.*
- B. Indicate the number of hours *during the pre- and/or post-doctoral supervised experience* for each service. Endorse the *Specialty Areas* **only** if you have had substantial supervised training and experience to qualify.

1. General Services Qualified to Provide

	Total # hrs	(✓)	
(1)	_____	_____	Therapy
(2)	_____	_____	Evaluation
(3)	_____	_____	Psychological Assessment
(4)	_____	_____	Consultation
(5)	_____	_____	Academic Teaching

2. Populations Qualified to Serve

	Total # hrs	(✓)	
(1)	_____	_____	Preschool Children
(2)	_____	_____	Children (5-12)
(3)	_____	_____	Adolescents (13-17)
(4)	_____	_____	Adults (18 and over)
(5)	_____	_____	Geriatric

3. Setting of Experience

	Total # hrs	(✓)	
(1)	_____	_____	Correctional
(2)	_____	_____	University/College
(3)	_____	_____	Inpatient Hospital
(4)	_____	_____	Private Practice

	Total # hrs	(✓)	
(5)	_____	_____	Industrial/Organizational
(6)	_____	_____	Community Mental Health Center
(7)	_____	_____	Other _____
(8)	_____	_____	Other _____

4. Services Qualified to Offer

	Total # hrs	(✓)	
(1)	_____	_____	ADD/ADHD Eval. & Treatment
(2)	_____	_____	Behavioral Medicine
(3)	_____	_____	Behavioral Modification
(4)	_____	_____	Biofeedback
(5)	_____	_____	Custody Evaluations
(6)	_____	_____	Eating Disorders
(7)	_____	_____	Family Therapy
(8)	_____	_____	Group Therapy
(9)	_____	_____	Hypnosis
(10)	_____	_____	Individual Therapy
(11)	_____	_____	Competency Examinations
			Specify _____

	Total # hrs	(✓)	
(12)	_____	_____	Marital/Conjoint Therapy
(13)	_____	_____	Mediation
(14)	_____	_____	Play Therapy
(15)	_____	_____	Program Eval. & Development
(16)	_____	_____	Psychodrama
(17)	_____	_____	Sex Therapy
(18)	_____	_____	Sports Psychology
(19)	_____	_____	Substance Abuse/Addictions
(20)	_____	_____	Supervision
(21)	_____	_____	Other: _____

5. Specialty Areas:

	Total # hrs	(✓)	
(1)	_____	_____	Forensic Psychology
(2)	_____	_____	Neuropsychology
(3)	_____	_____	Industrial/Org. Psychology
(4)	_____	_____	Other _____

Comments/Clarification: _____

I declare that all of the foregoing in this form is true and correct.

Signature of Applicant _____

Telephone Number _____

Date _____

#2553 (Rev. 7/03)

Ch. 455, Stats.

Committed to Equal Opportunity in Employment and Licensing